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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |  | <b>Complete if Known</b><br>Application Number: 10/553,345-Conf. #2094<br>Filing Date: October 14, 2005<br>First Named Inventor: Kenji SAKAMOTO<br>Examiner Name: H. D. Nguyen<br>Art Unit: 2617<br>Attorney Docket No.: 1248-0819PUS1 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |  |  |
| TOTAL AMOUNT OF PAYMENT: (\$) 1,910.00  |  |  |  |

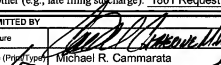
  

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| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Credit any overpayments |

|   |                     |   |                                |                      |                                      |                     |                                 |
|---|---------------------|---|--------------------------------|----------------------|--------------------------------------|---------------------|---------------------------------|
| <b>FEE CALCULATION</b>  |                     |   |                                |                      |                                      |                     |                                 |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                                |                      |                                      |                     |                                 |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>             |                      | <b>EXAMINATION FEES</b>              |                     |                                 |
|   |                     | <u>Small Entity</u>                                     |                                | <u>Small Entity</u>  |                                      | <u>Small Entity</u> |                                 |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>                | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                      | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b>           |
| Utility   | 330                 | 165   | 540                            | 270                  | 220                                  | 110                 | _____                           |
| Design  | 220                 | 110   | 100                            | 50                   | 140                                  | 70                  | _____                           |
| Plant   | 220                 | 110   | 330                            | 165                  | 170                                  | 85                  | _____                           |
| Reissue   | 330                 | 165   | 540                            | 270                  | 650                                  | 325                 | _____                           |
| Provisional   | 220                 | 110   | 0                              | 0                    | 0                                    | 0                   | _____                           |
|   |                     |   |                                |                      |                                      |                     | <b>Small Entity</b>             |
|   |                     |   |                                |                      |                                      |                     | <b>Fee (\$)</b> <b>Fee (\$)</b> |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                                |                      |                                      |                     |                                 |
| <b>Fee Description</b>  |                     |   |                                |                      |                                      |                     |                                 |
| Each claim over 20 (including Reissues)   |                     |   |                                |                      |                                      |                     | 52    26                        |
| Each independent claim over 3 (including Reissues)  |                     |   |                                |                      |                                      |                     | 220    110                      |
| Multiple dependent claims   |                     |   |                                |                      |                                      |                     | 390    195                      |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b>     |                     |                                 |
| 15  |                     | - 20 or HP  | x                              | =                    | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |                     |                                 |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                                |                      |                                      |                     |                                 |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> |                                      |                     |                                 |
| 12  |                     | - 7 or HP   | x                              | 220.00               | =                                    | 1,100.00            |                                 |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                                |                      |                                      |                     |                                 |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                                |                      |                                      |                     |                                 |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                                |                      |                                      |                     |                                 |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b> |                                      |                     |                                 |
| _____   | - 100 =             | /50 =   | (round up to a whole number) x | =                    |                                      |                     |                                 |
| <b>4. OTHER FEE(S)</b>  |                     |   |                                |                      |                                      |                     |                                 |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                                |                      |                                      |                     |                                 |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00  |                     |   |                                |                      |                                      |                     |                                 |

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| <b>SUBMITTED BY</b>  |   |                           |  |
| Signature:  | Registration No. (Attorney/Agent): 39,491 | Telephone: (703) 205-8000 |  |
| Name (Print Type): Michael R. Cammarata  | Date: February 27, 2009                   |                           |  |